

## FIGHTING CANCER by William Friedlander

I have spent the last ten months fighting Pancreatic Cancer, among the worst there are in terms of survival rates.

It started in mid February of 2013 when I complained of stomach pain and went to see my Gastroenterologist, Gail Bongiovani. She listened to my stomach with a stethoscope, asked me a few questions, and decided she wanted a scan of my stomach and pancreas. After this she asked me to submit to a small surgical procedure which involved eight hours in Bethesda North where a surgeon went in and cut out a piece of the mass that was bothering me. Gail felt certain this was the cause of the pain and the surgeon agreed. The lab also reported that it was malignant and should be treated.

By this time it had entered the lymph system and had spread to the liver, which ruled out radiation and surgery as the treatments of choice. I asked why and the Oncologist shook her head and said: "It's spread too far." Unfortunately, you have "Stage four", the most advanced stage in the cancer world. If there is a phrase you don't want to hear from an Oncologist it is "Stage Four"

It left only chemotherapy as a possible treatment, for radiation sufficient to reach all the sites would have been too destructive of the non-cancerous cells. And surgery would have involved too much cutting throughout. The surgeon also had a disinclination to operate.

I quickly put "Pancreatic Cancer Survival Rates" into Google and came up with a web site that started out:

(Quote) "Pancreatic cancer survival rates are one of the lowest among cancers with less than 5% of those diagnosed with the disease reaching the 5 year survival mark and is considered to be the "worst" of all cancers. This is because this disease is rarely discovered in the early stages, resulting in a poor prognosis leading to a cure. Complete remissions are extremely rare." (UnQuote).

That statement is from Johns Hopkins one of the institutions I was contemplating visiting as they were well thought of in the Pancreatic Cancer world. I was also counseled by a good friend in Phoenix to come out there. She serves on the Board of the Salk Institute and a very important member of the institute is one Walter Eckhart. She consulted Eckhart about my best course of action. A brief bit of his bio is pertinent.

Professor Emeritus Molecular and Cell Biology at the Salk Institute.

His education includes:

- B.S., Biophysics, Yale University
- Postgraduate research, University of Cambridge, England

- Ph.D., Molecular Biology, University of California, Berkeley
- Postdoctoral fellow, The Salk Institute

Eckhart served as director of the Salk Institute Cancer Center and head of the Molecular and Cell Biology Laboratory for more than 30 years.

Currently professor emeritus at the Salk Institute, he is a member of advisory committees for a number of leading cancer centers and the National Institutes of Health.

Clearly he would have been a top-notch scientist to consult with. However he recommended another Scientist who happens to be a physician in charge of the Translational Genomics Research Institute in Phoenix.

He, too, had a grand resume but both would have required frequent trips west – perhaps a dozen to fifteen a year or I could have moved out there for the term of the treatment. I finally decided to stay home and work with OHC (Oncology & Hematology Center) located in Mt. Auburn and Blue Ash and having thirty-one Oncologists on its list of physicians

I finally decided, after speaking with my wife, personal physician and a few Oncologists who were well regarded, to stay here.

Since making that decision in March of this year I have seen one of my two Oncologists (Waterhouse and Bechhold) every two weeks and have received chemotherapy for five hours after each visit. It may be of some interest to know that this paper was conceived while receiving chemo about two weeks ago. The chemicals entered my system through a port which had been surgically inserted into the subclavian vein above my heart.. The port, in fact, was more traumatic than the disease itself. It required overnight hospitalization, a three inch incision, opening of the subclavian vein and then hooking the input opening into one half of the vein and the output into the other half.

When I ask how long the port will be in, I get a shrug, for no one knows how long the chemo will be needed. It may, in fact, be a lifetime commitment. If so what is required in the way of port maintenance? It has to be cleaned regularly and this involves somehow stopping the blood flow to the port and cleaning it with a solvent while it remains in my body and then re-starting the blood flow. Sounds complicated and I've delayed it so far but I'm told by the nurse who helps me when I get chemo that I'm scheduled for the first cleaning a week from today. I'll report back to any of you who are interested!

Long-term chemotherapy reduces the white cell count which can lead to infection and, in my case, the Oncologist decided to use a drug called Neulasta to fight potential infection.

Now ~Neulasta itself can cause serious side effects among them :

## Spleen Rupture

A lung disease called ARDS (Acute Respiratory Distress Syndrome)

Significant allergic reactions

Serious muscle aches.

The Chemotherapy i was on (5-fu) is listed as having the following side effects.

- diarrhea, loss of appetite, taste changes
- mouth sores which i did develop after a month of treatment. they are only serious when you bite down on them which is quite painful.
- increased risk of infection due to decreased white blood cells or anemia due to reduced red cells,
- increased sensitivity to sun.
- hair loss
- dry, flaky skin
- splitting fingernails
- swelling of hands and feet

the other major drug i have been on for nine months is eloxatin. its side effects are:

- nerve damage including numbness, tingling and burning sensations in the extremities.
- hair loss (and with both drugs causing this i have lost about half the hair i started with last February)
- skin redness and swelling of the hands and feet.
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I was fortunate in that I had only the muscle aches, mouth sores and hair loss.

I recently reviewed over twenty pages of test results reviewing my body's measurements of chemical ratios and cell counts and noted that a recent one, which counted fifteen items, found only four within normal range. The other eleven were "flagged" as being too high or too low. None of my doctors have raised the issue of flagged items, which I find surprising when 73% of them are out of the normal range. I plan to ask the Doctor I see next why I feel so normal with so many abnormal measurements..

As of last week my Oncologist took me off of chemo for three months to "give my body a rest". This also means I can get off of Neulasta and any other medications that are solely used to fight the effects of chemotherapy.

As I have had very few problems and am able to work a pretty full day I expect that I will be one of the small number that beat Pancreatic Cancer and will be back to talk to you about my recovery in two more years..